



PATENT
2896-4006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Shuwen Lee
Serial No. : 10/089,674
Filed : April 2, 2002
For : **SPECIFIC THERAPEUTIC COMPOSITION FOR TREATING AIDS**
Group Art Unit : 1617
Examiner : Russel Travers, J.D., PhD
Office Action : July 16, 2003

Mail Stop: Non - Fee Amendment

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

**AMENDMENT AND RESPONSE
PURSUANT TO 37 C.F.R. §1.115**

Sir:

This is in response to the Office Action dated July 16, 2003, for which a response period of three months was set. Applicants request an extension of time of three months for the response. Enclosed herewith is a Petition for Extension of Time together with the prescribed fee. The present response is timely.

Amendment to the specification is reflected beginning on page 2 of this paper.

Remarks/Response begin on page 8 of this paper.

01/16/2004 SZEWDIE1 00000059 10089674

01 FC:1253 950.00 DP

Repln. Ref: 01/16/2004 SZEWDIE1 0009351200
DAH:134500 Name/Number:10089674
FC: 9204 \$33.00 CR



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED
JAN 21 2004
TECH CENTER 1600/2900
Doc. No. 2006-4006

Applicant(s): Shuwen Lee

Group Art Unit: 1617

Serial No.: 10/089,674

Examiner: Russel Travers, J.D., PhD

Filed: April 2, 2002

For: SPECIFIC THERAPEUTIC COMPOSITION FOR TREATING AIDS

AMENDMENT FEE TRANSMITTAL

Mail Stop Non Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for the above-identified application.

☒ No additional fee is required.

☐ The additional fee has been calculated as shown below:

CLAIMS AS AMENDED

	Claims Remaining After Amendment	Highest No. Covered by Previous Payments	Extra	Rate	Additional Fee
Total Claims*	4- 20 =	20	0	\$18.00/ \$9.00	\$ 0
Independent Claims	1- 3 =	3	0	\$86.00/ \$43.00	\$ 0
Multiple Dependent Claims	(If claims added by amendment include Multiple Dependent Claim(s) and there was no Multiple Dependent Claim(s) in application before amendment add \$290.00 to additional fee (\$145.00 for small entity).				\$
TOTAL					\$ 0

*Includes all independent and single dependent claims and all claims referred to in multiple dependent claims. See 37 C.F.R. §1.75(c).


☐ Small entity status is or has been claimed.

Reduced Fees Under 37 C.F.R. §1.9(f) paid herewith \$

- ☐ _____ Pages Sequence Listing
- ☐ _____ Computer disk(s) containing substitute Sequence Listing
- ☐ Statement under 37 C.F.R. §1.825(b) that the computer and paper copies of the substitute Sequence Listing are the same.
- ☐ A check in the amount of \$ _____ to cover the filing fee is attached.
- ☐ Charge fee to Deposit Account No. 13-4500, Order No. _____. A DUPLICATE COPY OF THIS SHEET IS ATTACHED.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for filing this amendment, including all fees pursuant to 37 CFR §1.17 for its timely consideration, or credit any overpayment to Deposit Account No. 13-4500, Order No. 2896-4006. A DUPLICATE COPY OF THIS SHEET IS ATTACHED.

Respectfully submitted,
MORGAN & FINNEGAN, L.L.P.

Dated: January 13, 2004

By: 
Maria C.H. Lin
Registration No. 29,323

Correspondence Address:

MORGAN & FINNEGAN, L.L.P.
345 Park Avenue
New York, NY 10154-0053
(212) 758-4800 Telephone
(212) 751-6849 Facsimile